CLAIMS ONLY

Application Number	Filing Date
10/614114	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
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36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

CLAIMS	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57	1					
58						
59		1				
60						
61		1				
62						
63		1				
64	—	—				
65	1					
66						
67		1				
68						
69		1				
70						
71		1 1				
72	—	—				
73		1				
74	2					
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91		2				
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep	2					
Total Depend	48					
Total Claims	50					